



Behavioral Health Services Drug & Alcohol Demographics

Current First Name

Current Last Name

Birth First Name

Birth Last Name

Place of Birth – County

Place of Birth – State

Date of Birth

Mother's First Name

Gender: ☐ Female ☐ Male ☐ Other

Social Security No.:

Street Address / Apt #

City

Zip Code

()

Telephone Number

Are you a veteran? ☐ Yes ☐ No ☐ Decline to state
☐ Client unable to answer

Driver's License Number

Driver's License State

☐ None or N/A ☐ Decline to state
☐ Client unable to answer

Race:

- ☐ 01 WHITE ☐ 02 BLACK/AFRICAN AMERICAN ☐ 03 AMERICAN INDIAN ☐ 04 ALASKAN NATIVE ☐ 05 ASIAN INDIAN
☐ 06 CAMBODIAN ☐ 07 CHINESE ☐ 08 FILIPINO ☐ 09 GUAMANIAN ☐ 10 HAWAIIAN
☐ 11 JAPANESE ☐ 12 KOREAN ☐ 13 LAOTIAN ☐ 14 SAMOAN ☐ 15 VIETNAMESE
☐ 16 OTHER ASIAN ☐ 17 OTHER RACE ☐ 18 MIXED RACE

Ethnicity:

- ☐ 01 NOT HISPANIC ☐ 02 MEXICAN / MEXICAN AMERICAN ☐ 03 CUBAN
☐ 04 PUERTO RICAN ☐ 05 OTHER HISPANIC / LATINO

: Name:

Case No.: